



OFFICE OF STATEWIDE BROADBAND
Digital Inclusion Grant Program
FY22 Grant Application Form

(additional information required – see RFA for all application requirements)

Applicant Information

Applicant's Legal Name (must match W9):

Federal EIN Number: _____ DUNS Number: _____

Attach a copy of your most current IRS W-9 Form

Address:

Street: _____

City: _____

County: _____

State: _____ Zip: _____

Contact Information

This should be the primary contact for the person coordinating all elements of this application for the Applicant. This is the person the Office will contact with any questions regarding the application.

Name: _____ Title: _____

Email: _____ Phone: _____



Project Information

Estimated Funding:

Applicant: _____ (funding provided by applicant)

Local Jurisdiction: _____ (funding provided by local jurisdiction)

State: _____ (funding requested from OSB)

Other: _____ (funding provided by any other source)

Project Total: _____

Identify the Project Use (check all that apply):

Access

Planning

Affordability

Adoption

Literacy/Training

Other

Please briefly describe what the funding will be used for:

Other Required Information

The following should be attached to your application:

1. Executive summary of the project
2. Project budget
3. Federal Form W-9



CERTIFICATION OF GRANT APPLICATION REVIEW

I hereby certify that to the best of my knowledge and belief, the information provided in this Application is true and correct. I further certify that I have reviewed the Request for Applications, FY22 Digital Inclusion Grant Program documentation including eligibility of costs.

Signed by Authorized Representative

Date

Typed Name

Title